



REENTRY FACILITY LICENSE APPLICATION

Check One: ☐ New Application ☐ Renewal Application Date: _____

Facility Name: _____

Address: _____
Street City State Zip

Owner/Operator: _____ County of Facility: _____
Name (Print or Type)

Telephone: _____ Cell# _____

Facility Director: _____
Name (Print or Type)

Telephone: _____ Cell# _____

Facility Email Address: _____

Housing Capacity: # of Males _____ # of Females _____

Is the facility accessible to individuals with physical disabilities? ☐ Yes ☐ No

Meals Served: ☐ Breakfast ☐ Lunch ☐ Dinner

Programs Provided	Yes	No	Services Provided	Yes	No
Employment Skills	<input type="checkbox"/>	<input type="checkbox"/>	Employment Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Job Placement	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Reentry Planning	<input type="checkbox"/>	<input type="checkbox"/>	Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Thinking	<input type="checkbox"/>	<input type="checkbox"/>	Private Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Family Reunification	<input type="checkbox"/>	<input type="checkbox"/>	Resident Parking	<input type="checkbox"/>	<input type="checkbox"/>
Pro-Social Support	<input type="checkbox"/>	<input type="checkbox"/>	Laundry Services	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>			
Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>			
Housing Planning	<input type="checkbox"/>	<input type="checkbox"/>			

Other Programs: _____

Please list the name, position, date of birth, social security number, race and gender (F-Female)
(M-Male) for each person who will provide services at the Reentry Facility.

Name (Print or Type)	Position	DOB	SS#	Race	Gender
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Name (Print or Type)	Position	DOB	SS#	Race	Gender
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Name (Print or Type)	Position	DOB	SS#	Race	Gender
Name (Print or Type)	Position	DOB	SS#	Race	Gender
Name (Print or Type)	Position	DOB	SS#	Race	Gender

Signature of Applicant/Title:_____ Date:_____

Signature means agreement by owner/operator of the facility to comply with all policy rules, regulations and laws concerning ACC Reentry Facilities. Failure to comply may result in sanctions up to and including withdrawal of license be ACC and/or civil penalties for violation of state law. Owner/Operator is responsible for obtaining consent to release information for background checks for staff and volunteers.

Date received by ACC:_____ Application Completed: ☐ Yes ☐ No

If no, what action was taken? _____

Reentry Facility Coordinator Signature:_____

☐ Approved ☐ Denied

Approval of ACC Director_____ Date:_____